

Exhibit “D”

## Hillary Weinstein

---

**From:** rene rothstein rubin md <renerubin@hotmail.com>  
**Sent:** Friday, October 18, 2019 11:26 AM  
**To:** jerome marcus; Hillary Weinstein  
**Subject:** Fw: Transfer from Stifel to Wells Fargo  
**Attachments:** 90228788\_1\_Redacted.pdf; 90228792\_1\_Redacted.pdf; 90228776\_1\_Redacted.pdf; 90228784\_1\_Redacted.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

**Rene Rothstein Rubin, MD**  
**Co-director of the Hahnemann Cancer Center**  
**610-608-4528**

---

**From:** Michael P. Mangan <mpm@mangan-ginsberg.com>  
**Sent:** Thursday, July 18, 2019 9:31 AM  
**To:** rene rothstein rubin md <renerubin@hotmail.com>  
**Subject:** Transfer from Stifel to Wells Fargo

Rene -

See attached documents as discussed.

Mike

--

**Mangan Ginsberg LLP**  
**80 Maiden Lane, Suite 304**  
**New York, New York 10038**  
**Tel: (212) 248-2170**  
**Fax: (212) 248-2155**

From: Dmitriy Topchiy

Fax: +1 (888) 688-4122 \* 105

To:

Fax: +1 (704) 427-7551

Page 1 of 2 7/26/2013 2:55

**FAX****Date:** 7/26/2013**Pages including cover sheet:**

2

<b>To:</b>	
<b>Phone</b>	
<b>Fax Number</b>	+1 (704) 427-7551

<b>From:</b>	Dmitriy Topchiy
	Wells Fargo Advisors Finet
	170 Broadway
	Brooklyn
	NY 11211
<b>Phone</b>	(347) 263-8487
<b>Fax Number</b>	+1 (888) 688-4122 * 105

**NOTE:**

Please review and process ASA form for acc [REDACTED] 8805

Investment products and services are offered through Wells Fargo Advisors Financial Network, LLC ("WFAFN"), member SIPC, and a registered broker-dealer and one of the affiliates of Wells Fargo & Company. WFAFN uses the trade name Wells Fargo Advisors.

From: Dmitriy Topchiy

Fax: +1 (888) 688-4122 \* 105

To:

Fax: +1 (704) 427-7551

Page 1 of 2 7/29/2013 11:26

**FAX****Date:** 7/29/2013**Pages including cover sheet:**

2

<b>To:</b>	
<b>Phone</b>	
<b>Fax Number</b>	+1 (704) 427-7551

<b>From:</b>	Dmitriy Topchiy
	Wells Fargo Advisors Finet
	170 Broadway
	Brooklyn
	NY 11211
<b>Phone</b>	(347) 263-8487
<b>Fax Number</b>	+1 (888) 688-4122 * 105

**NOTE:**

Please review and process ASA form for account [REDACTED] 8805. Thank you

Port Code: WFLA 50

From: Dmitriy Topchiy

Fax: +1 (888) 688-4122 \* 105

To:

Fax: +1 (704) 427-8372

Page 1 of 3 7/26/2013 2:59

**FAX****Date:** 7/26/2013**Pages including cover sheet:**

3

<b>To:</b>	
<b>Phone</b>	
<b>Fax Number</b>	+1 (704) 427-8372

<b>From:</b>	Dmitriy Topchiy
	Wells Fargo Advisors Finet
	170 Broadway
	Brooklyn
	NY 11211
<b>Phone</b>	(347) 263-8487
<b>Fax Number</b>	+1 (888) 688-4122 * 105

**NOTE:**

Please review and process ACAT form for acc [REDACTED] 8805. Thank you



106584459



From: Dmitry Topchiy

Fax: +1 (888) 698-4122 x105

To:

Fax: +1 (704) 427-8372

Page 3 of 3 7/26/2013 2:59

07/26/2013 08:25 07/26/2013 08:25 07/26/2013 08:25		07/26/2013 08:25 07/26/2013 08:25 07/26/2013 08:25	
<b>1. Authorization to Change Registration</b> By completing this section you are authorizing a transfer between unlike account registrations and ownership. Not applicable for retirement accounts. Note: The delivering firm may require additional paperwork to transfer between unlike account registrations.			
Delivering Firm: Mutual Fund Co. Account Title:		Account Number:	
Receiving Firm: Mutual Fund Co. Account Title:		Account Number:	
I understand and accept the change of registration and ownership and how funds will be held. I agree to the terms and conditions of the account registration. This may not be applicable in all cases.			
<b>2. One and Same Name Certification</b> By completing this section you are authorizing a transfer between unlike account registrations only.			
This is to certify that _____ (Print Name)			
and _____ (Print Name) are one and the same person.			
Sign as both ways Accounts are Registered:			
Sign as:	First Name	Date	
X	_____	_____	
Signature	Print Name	Date	
X	_____	_____	
<b>3. Authorized Signatures</b>			
Account Holder's Signature (Print)	Account Holder's Name (Print)	Date	
X	Michael Rothstein	07/26/2013	
Account Holder's Signature (Print)	Account Holder's Name (Print)	Date	
X	Rose Rothstein - Lubin	07/26/2013	
Account Holder's Signature (Print)	Account Holder's Name (Print)	Date	
X	M. S. Rothstein	07/26/2013	
Account Holder's Signature (Print)	Account Holder's Name (Print)	Date	
X	_____	_____	
Account Holder's Signature (Print)	Account Holder's Name (Print)	Date	
X	_____	_____	
<b>Office Use Only - Client Identification, Signature Validation - Mutual Fund Direct Transfers and Liquidations Only</b>			
(Check one of the four Validation Options)		Signature Guarantee	
1. Client Personally Known to Me 2. Validated Government-Issued Photo ID (when client is present) 3. Compared signature to signed documents 4. Verbally confirmed two of the following (when client is not present): Social Security Number or Tax Identification Number Date of Birth Home Telephone Number Recent Account Activity		_____	
I certify that I validated the client's identity and/or signature via the method indicated above. I further certify that the client has the authority to execute the transaction.			
Name (Print)	Signature	Date	
_____	X	_____	
<b>For Internal First Clearing Transfers Only - For use if required by channel</b>			
X			
Branch Manager or Supervisors Signature			
_____			
<b>Customer Acceptance - Firm Use Only</b> We advise that First Clearing, LLC accepts deposits as its sole and exclusive custodian.			
Successor Custodian Signature		Phone	
_____		Account Transfers Phone: (855) 372-3426	
Date (must be original)		M.F.I.S. Funds Department Phone: (314) 955-2889	

697596 Rev 02 1-07/2013 Page 3 of 4

From: Dmitriy Topchiy

Fax: +1 (888) 688-4122 \* 105

To:

Fax: +1 (704) 427-8372

Page 1 of 8 7/29/2013 11:49

**FAX****Date:** 7/29/2013**Pages including cover sheet:**

8

<b>To:</b>	
<b>Phone</b>	
<b>Fax Number</b>	+1 (704) 427-8372

<b>From:</b>	Dmitriy Topchiy
	Wells Fargo Advisors Finet
	170 Broadway
	Brooklyn
	NY 11211
<b>Phone</b>	(347) 263-8487
<b>Fax Number</b>	+1 (888) 688-4122 * 105

**NOTE:**

Please review and process ACAT form request for acc [REDACTED] 8805. Thank you

From: Dmitry Topchiy

Fax: +1 (888) 688-4122 \* 105 To: Customer Account Transfer

Fax: +1 (704) 427-8372

Page 2 of 8 7/29/2013 11:49

Send Form to: <b>DRN</b>	FA Code: <b>BRLS</b>	Account Number: <b>8105</b>	Transfer: <b>0195</b>	ACAT - Fax: (704) 427-8372 Send to: 10001 Old Blue Ridge Road Mutual Funds - Fax: (704) 427-8344 Send to: 10001 Old Blue Ridge Road
1. Receiving Firm Account Information			2. Delivering Firm Account Information	
Client The ID Number: See Sec Num			Account Number: (Only one account at a time. No used periods unless from a mutual fund company)	
Receiving Firm Account Registration Address: <b>Michael Rothstein and N S Rothstein and Rene Rothstein - Rubin JTWROS 1635 East 19th St. Brooklyn, NY 11229-1345</b>			Delivering Firm Account Registration Address: <b>Michael Rothstein - N S Rothstein Rene Rothstein Rubin JTWROS 1635 E 19th St Brooklyn, NY 11229 1345</b>	
Name of Receiving Institution: <b>Sitt &amp; Moolenaar and Company Inc</b>			Name of Delivering Institution:	
(Select only one) Non-Retirement Account Type: Single <input type="checkbox"/> Joint <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Custodian <input type="checkbox"/> Estate <input type="checkbox"/> Corporate <input type="checkbox"/> Other <input type="checkbox"/>			(Select only one) Non-Retirement Account Type: Single <input type="checkbox"/> Joint <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Custodian <input type="checkbox"/> Estate <input type="checkbox"/> Corporate <input type="checkbox"/> Other <input type="checkbox"/>	
Retirement Account Type: Roth IRA <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Qualified <input type="checkbox"/> 401(k) <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Other <input type="checkbox"/> SEP IRA <input type="checkbox"/> Education Savings <input type="checkbox"/>			Retirement Account Type: Roth IRA <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Qualified <input type="checkbox"/> 401(k) <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Other <input type="checkbox"/> SEP IRA <input type="checkbox"/> Education Savings <input type="checkbox"/>	

Please note that a statement dated within the last 90 days is required for all Mutual Fund Company and Non-ACAT transfers

3. Transfer Instructions (Select one)	
A. Entire Account Transfer (check one only) Transfer - all assets in kind Liquidations: Some firms may not accept this form for liquidation. Do not enter Service Request on the ACAT system if liquidation is requested. Liquidate - all assets and transfer proceeds Liquidate - only assets listed in the Asset Listing in Section 4. Transfer proceeds and all remaining assets in kind	B. Certificate of Deposit Liquidation (CD) (check one only) Upon Maturity - the maturity date is _____ (submit 2 weeks before maturity date) Immediately - I acknowledge there may be a penalty and/or surrender charge for a full liquidation Percent or Amount: _____ (if not marked, liquidate all)
C. Partial Account Transfer Transfer assets or proceeds as listed in the Asset Listing in Section 4	E. Annuity Liquidation (check one only) Immediately - I acknowledge there may be a penalty and/or surrender charge for a full liquidation Percent or Amount: _____ (if not marked, liquidate all) Penalty-free amount only
D. Mutual Fund Transfer (statement required) Shares held direct at a mutual fund company (held as physical certificates excludes 529 plan accounts). If funds are held in a third party (i.e. Trust Company Bank) complete section 4 or 5. Mutual Funds held direct. List each fund in the Asset Listing in Section 4. Mutual Fund Certificates - FA Last Name: _____	

4. Asset Listing		Transfer	Mutual Fund	Mutual Fund	Mutual Fund
Asset Description Symbol / CUSIP	Quantity	(Mark one or no response)	Account Number (if direct at the fund)	(Capital Gains Option before date)	(Dividends Option before date)
Cash \$		(Cash not applicable for Mutual Funds Company transfers)		(If NOT CASH, TFD ASSUMED CHOICE IS REINVEST)	
	All	In Kind		Reinvest	Reinvest
	All	Liquidate		Cash	Cash
	All	In Kind		Reinvest	Reinvest
	All	Liquidate		Cash	Cash
	All	In Kind		Reinvest	Reinvest
	All	Liquidate		Cash	Cash
	All	In Kind		Reinvest	Reinvest
	All	Liquidate		Cash	Cash
	All	In Kind		Reinvest	Reinvest
	All	Liquidate		Cash	Cash
	All	In Kind		Reinvest	Reinvest
	All	Liquidate		Cash	Cash
	All	In Kind		Reinvest	Reinvest
	All	Liquidate		Cash	Cash

Investment products and services are offered through Wells Fargo Advisors Financial Network, LLC ("WFAFN"), member FINRA/SIPC and a registered broker-dealer and non-bank affiliate of Wells Fargo &amp; Company. WFAFN uses the trade name Wells Fargo Advisors.

327305 (Rev 02-12-12) Page 1 of 4

SR# 108594459

From: Dmitry Topchiy

Fax: +1 (888) 688-4122 x105

Account To

Fax: +1 (704) 427-8372

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072	0621	0613	8803
Delivering Firm			Creating

**4. Authorization to Change Registration**  
By completing this section you are authorizing a transfer between unlike account registrations and ownership. Not applicable for retirement accounts. Note: The delivering firm may require additional paperwork to transfer between unlike account registrations.

Delivering Firm/Mutual Fund Co. Account Title	Account Number	Account Social Security Number/Tax ID
Receiving Firm/Mutual Fund Co. Account Title	Account Number	Account Social Security Number/Tax ID

I understand and accept the change of registration and ownership and will Waive Firm's Advisors, First Clearing, LLC and the delivering firm harmless from acting on the above instruction. This may not be applicable in all cases.

**6. One and Same Name Certification**

By completing this section you are authorizing a transfer between unlike account registrations only.

This is to certify that \_\_\_\_\_ (print name)  
and \_\_\_\_\_ (print name) are one and the same person.

Sign as both ways Accounts are Registered

Signature	Print Name	Date
X		
Signature	Print Name	Date
X		

**Authorized Signatures**

Account Holder's Signature (Copy)	Account Holder's Name (print)	Date
X <i>Michael Podhoretz</i>	Michael Podhoretz	07/26/2013
Account Holder's Signature (Copy)	Account Holder's Name (print)	Date
X <i>Reva Podhoretz - Public</i>	Reva Podhoretz - Public	07/26/2013
Account Holder's Signature (Copy)	Account Holder's Name (print)	Date
X <i>H. S. Podhoretz</i>	H. S. Podhoretz	07/26/2013
Account Holder's Signature (Copy)	Account Holder's Name (print)	Date
X		
Account Holder's Signature (Copy)	Account Holder's Name (print)	Date
X		
Account Holder's Signature (Copy)	Account Holder's Name (print)	Date
X		

**Office Use Only - Client Identification/Signature Validation - Mutual Fund Direct Transfers and Liquidations Only**

(Check one of the four validation Options): 1. Client Personally Known to Me 2. Validated Government-Issued Photo ID (when client is present) 3. Compared signature to imaged document 4. Verbally confirmed two of the following (when client is not present): Social Security Number or Tax Identification Number Date of Birth Home Telephone Number Recent Account Activity	Signature Guaranteed
I certify that I validated the client's identity under signature via the method indicated above. I further certify that the client has the authority to execute the transaction.	
Name (Print)	Signature
	X

**For Internal First Clearing Transfers Only - For use if required by client**

X	Branch Manager or Supervisor Signature	Date
---	----------------------------------------	------

**Custodian Acceptance - Firm Use Only**

Be advised that First Clearing, LLC accepts appointment as Successor Custodian.	Contact:
X	Account Transfers Phone (855) 372-8928
Successor Custodian Signature	Mutual Funds Department Phone (314) 955-2669
Date (must be completed)	

8873SL Rev. 02-12-2) Page 3 of 4



WF\_JPM 002922





From Dmitry Topchiv

Fax +1 (608) 666-4122 \* 105

To

Fax +1 (704) 427-8372

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STIFEL

STIFEL FUNDS (continued)

RITDIO ASSETS - HELD AT STIFEL (continued)

STIFEL Funds	Symbol	Shares	Current Price/Current Value	Original Cost/Original Basis	Original Investment/Original Basis	Current Price/Current Value	Current Price/Current Value
STIFEL Funds	Symbol	Shares	Current Price/Current Value	Original Cost/Original Basis	Original Investment/Original Basis	Current Price/Current Value	Current Price/Current Value
STIFEL Funds	Symbol	Shares	Current Price/Current Value	Original Cost/Original Basis	Original Investment/Original Basis	Current Price/Current Value	Current Price/Current Value

STIFEL Funds

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[illegible]

THE UNIVERSITY OF CHICAGO PRESS

[illegible]

From Dmitry Topchiy

Fax +1 (888) 688-4122 \* 105

To

Fax +1 (704) 427-8372

Page 8 of 8 7/29/2013 11:49

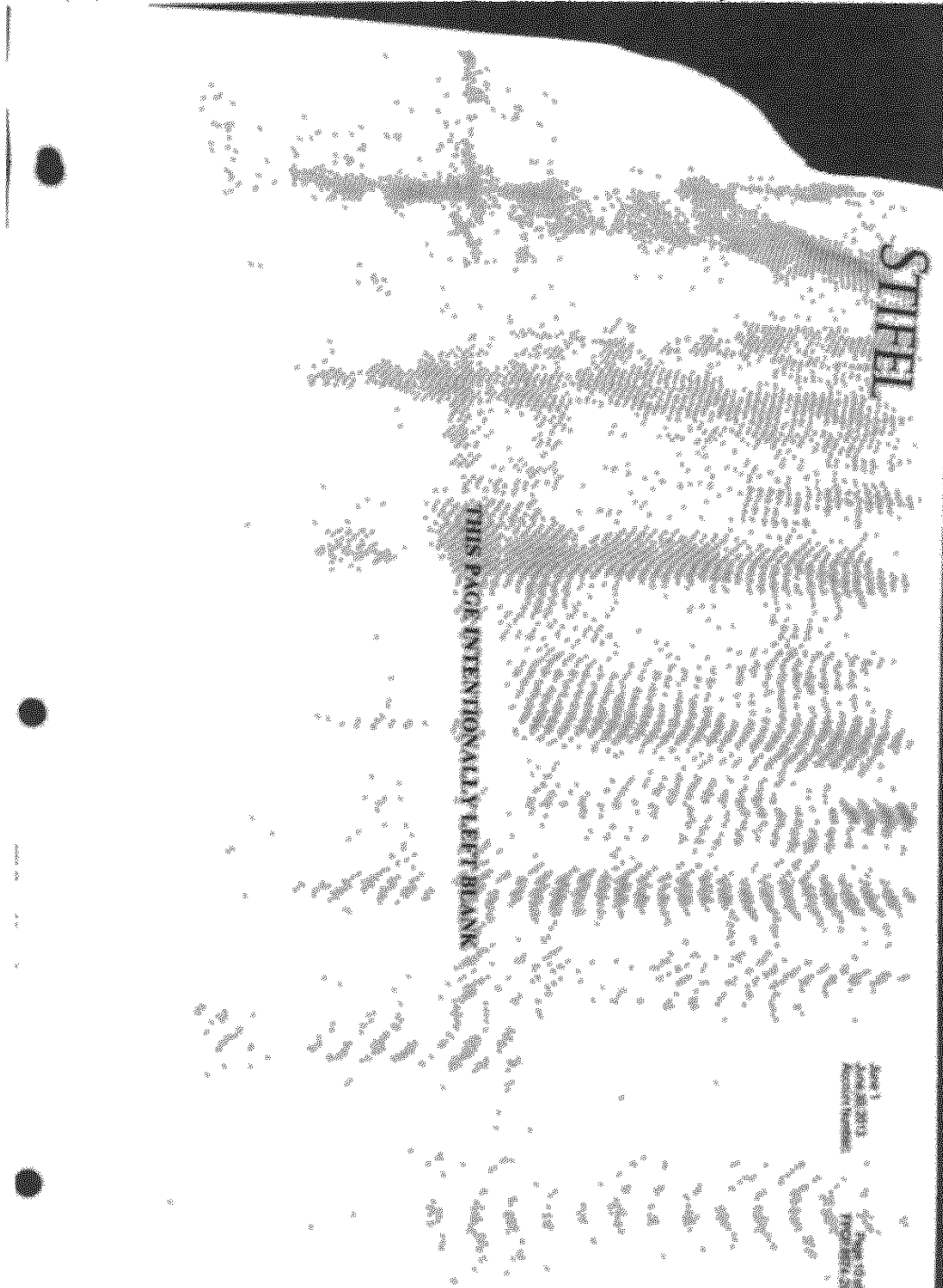


Exhibit “E”



REVIEWED

OCT 15 2019

Jul 29, 2019 3:56 PM

No. 2115 P. 2/3

STIFEL  
NICOLAUS**Account Verification Information**

In accordance with Securities and Exchange Commission Rules, Stifel Nicolaus is verifying the account information below. If the information provided below is correct, no further action on your part is required; however, if there are any discrepancies, please note them, sign where indicated, and return the form in the postage-paid envelope provided for your convenience.

**Registration and Mailing Address:**

DR RENE ROTHSTEIN RUBIN  
434 NORTH HIGHLAND AVE  
MERION STA PA 19066-1710

**Branch Office and Phone Number:**

FLORHAM PARK 973-549-4000  
Financial Advisor:  
FPCP - MELVIN TAUB/ GLENN WEISS  
Account Number:  
[REDACTED]

**Primary Owner:****Legal Name:**

RENE ROTHSTEIN RUBIN

**Date of Birth:**

12-01-1956

**Occupation:**

PHYSICIAN

**Employer:**

SELF

**FINRA Affiliation:**

NOT ASSOCIATED WITH A BROKER/DEALER OR  
FINRA/NYSE MEMBER (NON STIFEL NICOLAUS)

**Legal Address:**

434 NORTH HIGHLAND AVE  
MERION STA PA 19066

**Home Phone Number:**

610-666-1590

**Business Phone Number:**

610 608 4528

**Investment Objective and Financial Information:**

This information applies to all account owners:

Primary Investment Objective: GROWTH & INCOME

Annual Income: \$100,000 TO \$249,999

Net Worth: \$500,000 TO \$999,999

**Associated Parties Authorized to Act on this Account:**

Signature: 

Joint Signature: \_\_\_\_\_

If the information displayed above is correct, you do NOT need to sign and return this form.

STIFEL NICOLAUS & COMPANY INCORPORATED

ACCOUNT OWNER INFORMATION

Account No

☒ New Account  
F.A. No. EPGP

☐ Existing Account

☐ Transfer Account

Account Title:

DR. AENE ROTHSTEIN RUBIN 12-01-56

Name

Birth Date (REQUIRED)

Tax ID No. (Required if applicable)

Primary Social Security No. (REQUIRED)

Name

434 N. Highland Ave Merion St. Pa

Address

Birth Date (REQUIRED)

Secondary Social Security No. (REQUIRED)

19066

MONEY MARKET FUND ELECTION (CHOOSE ONLY ONE): The General Money Market Fund will be automatically selected if a money market portfolio is not elected.

☐ General Government Securities Money Market Fund

☐ General Municipal Money Market Fund

☐ Dreyfus Massachusetts Municipal Money Market Fund

☒ General Money Market Fund

☐ General California Municipal Money Market Fund

☐ Dreyfus New Jersey Municipal Money Market Fund

☐ General Treasury Prime Money Market Fund

☐ General New York Municipal Money Market Fund

☐ Dreyfus Pennsylvania Municipal Money Market Fund

☐ FDIC-Insured Money Market Deposit Account

☐ Dreyfus Connecticut Municipal Money Market Fund

CASH MANAGEMENT ACCOUNT ELECTION: (Note: If you do not wish to have cash management services, go on to Margin option below.)

STIFEL PRESTIGE<sup>SM</sup> ACCOUNT (No Monthly Fee)

• \$1,000 minimum initial deposit (cash)

Checks and debit cards will be issued only if elected below

☐ Unlimited check writing with no minimum check amount

☐ Debit MasterCard<sup>®</sup> with daily point-of-sale limit of \$5,000

• Stifel @access

\*Duplicate checks and business checks are available as an additional cost

☐ STIFEL PRESTIGE<sup>SM</sup> ACCOUNT (\$5.00 Monthly Fee)

• \$10,000 minimum initial deposit (cash or marginable securities)

• Unlimited check writing with no minimum check amount

• Debit MasterCard<sup>®</sup> with daily point-of-sale limit of \$9,999

• Automatic bill payment • Travel and insurance benefits

• Awards program • Concierge service • Stifel @access

\*Duplicate checks and business checks are available as an additional cost

MasterCard<sup>®</sup> Requirement: If a Debit MasterCard<sup>®</sup> is elected, please fill out the following items for security reasons.

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mother's Maiden Name \_\_\_\_\_

MARGIN LINE OF CREDIT ELECTION (OVERDRAFT PROTECTION):

I (we) instruct Stifel, Nicolaus & Company, Incorporated to establish my (our) account as a conventional general account (margin account) allowing at least equity loans, which is established and operated in accordance with Regulation T of the Federal Reserve Board. I acknowledge that I have received, read, and understand the Margin Disclosure Statement and the Investment and Account Services Client Agreement. To elect margin, all account owners must sign in the boxes to the right.

<input type="checkbox"/> SIGN MARGIN LINE OF CREDIT ELECTION	Date
<input type="checkbox"/> AUTHORIZATION OF MARGIN WILL BE CANCELED	Date

AUTHORIZATION SIGNATURES. BY SIGNING BELOW, I (WE) ACKNOWLEDGE THAT:

- I (we) have received, read, understand, and agree to the enclosed Investment and Account Services Client Agreement.
- THIS AGREEMENT MAY NOT BE AMENDED OR ALTERED UNLESS AGREED TO IN WRITING BY STIFEL.
- I (we) acknowledge that if this account is a joint account, it will be carried as Joint Tenants With Rights of Survivorship (JTROS) unless a different registration is specified below. If the account is held as joint tenants with rights of survivorship, each tenant owns the account in proportion to his or her net contributions to it, and upon the death of one of us, the remaining account passes to the survivor(s). (See reverse of form for important information if you are a resident of a Community Property state or Louisiana.) Please indicate alternate form of joint ownership, if other than JTROS, and indicate the percentage ownership of each joint owner.

- I (we) have received and read a Prospectus for the applicable money market fund, or the terms and conditions for the Insured Bank Deposit Program.
- I (we) certify the Substitute IRS Form W-9 below. THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE THAT I CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.
- THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES (page 13, section 19).

SIGNATURE(S) Sign exactly as account is titled.

☒

I ate

ALL ACCOUNT OWNERS MUST SIGN.

Date

SUBSTITUTE IRS FORM W-9

Tax Certification Instructions: You must strike out the language certifying that you are not subject to backup withholding if you have been notified that you are subject to backup withholding due to prior underreporting and you have not received a notice from the Internal Revenue Service advising you that backup withholding has been discontinued. Under penalty of perjury, I certify that: 1) The number shown on this application is my correct taxpayer identification number (or I am waiting for a number to be issued to me); 2) I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement, and payments other than interest and dividends); and 3) I am a U.S. person (including a U.S. resident alien).

By signing this Form above, I also state that if I become subject to backup withholding following the opening of my account, I will notify you in writing. See instructions on reverse.

White Copy: Branch Canary Copy: Client

10/26/2010



## ADD/DELETE INTERESTED PARTY

Date: 10/25/2010

To: Stifel, Nicolaus & Company, Incorporated

Branch Office Address: 18 Columbia Turnpike  
Florham Park, NJ  
07932

Re: Account Name: Dr. Rene Rothstein Rubin  
Account Number: [REDACTED]

*Duplicate statements  
were deleted after  
10/1/10.*

Dear Sir/Madam:

Please use this letter to add or delete (check box) the following name and ac

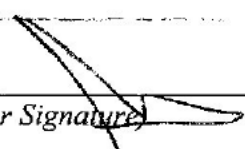
☒ Add ☐ Delete

Interested Party: Name: Martin Rothstein  
Address: 1828 E. 17th Street  
Brooklyn, NY 11229

Please check all that apply: ☐ Duplicate Confirms ☒ Duplicate Statements

Thank you for your cooperation in this matter.

*The undersigned hereby agrees to indemnify Stifel, Nicolaus & Company, Incorporated, and its parent, subsidiaries and affiliates and their respective past and present officers, directors, employees and agents against any and all loss, liability, claim, damage or expense (including without limitation, judgments, amounts paid in settlement and attorney's fees) arising out of or relating to the authorization described herein.*

  
(Customer Signature)

\_\_\_\_\_  
(Joint Signature)

PLEASE NOTE: IF JOINT ACCOUNT, ALL PARTIES MUST SIGN  
IF CORPORATE ACCOUNT, PROPER RESOLUTIONS MUST BE ON FILE

*11/4/2010  
JAB*

*Stifel, Nicolaus & Company, Incorporated* 11.3.10

Stifel, Nicolaus & Company, Incorporated Member NASD/SIPC/NYSE www.stifel.com

STIFEL  
NICOLAUS

Exhibit “F”

Rene Rothstein Rubin, MD  
434 North Highland Ave  
Merion Station, PA 19066-1710  
Ph: 610-608-4528

October 8, 2019

**ATTORNEY-CLIENT PRIVILEGED**  
**VIA FIRST-CLASS MAIL**

Michael P. Mangan, Esq.  
Mangan Ginsberg LLP  
80 Maiden Lane  
Suite 304  
New York, New York 10038

Dear Mr. Mangan:

I write regarding the default judgment entered in the matter of *Sitt, et al., v. Preis, et al.*, Supreme Court of the State of New York, Kings County, No. 505078/2016, a case in which I, along with others, retained your services to represent us as plaintiffs. Kindly forward to me my file in this matter at the address above, together with the file in the related matter of *Sitt v. Wells Fargo Prime Services LLC, et al.*, FINRA Case, No. 17-01773.

I appreciate your cooperation in this matter. If you have any questions, please do not hesitate to contact me at the number above. Thank you.

Sincerely,

Rene Rothstein Rubin, MD

Rene Rothstein Rubin, MD  
434 North Highland Ave  
Merion Station, PA 19066-1710  
Ph: 610-608-4528

October 8, 2019

**VIA FIRST-CLASS MAIL**

Stifel

Attn: Glenn Weiss

18 Columbia Turnpike

Florham Park, NJ 07932

Dear Mr. Weiss:

I write in regards to my Money Market Account No. [REDACTED], for which you serve as account manager. Please see attached for the Securities Account Application for this Account. Kindly send me all files and documents related to this Account at the address above.

I appreciate your cooperation in this matter. If you have any questions, please do not hesitate to contact me at the number above. Thank you.

Sincerely,

Rene Rothstein Rubin, MD

Enclosure